

PROPERTY TAX EXEMPTION APPLICATION FOR QUALIFYING DISABLED VETERANS

This is a confidential document

(For CVA Official Use Only)

(01-2015)

SEND APPLICATION TO:

Colorado Department of Military and Veterans Affairs
Division of Veterans Affairs
1355 S. Colorado Blvd, Bldg. C, Suite 113
Denver, Colorado 80222

Phone: 303-284-6077 Fax: 303-284-3163

www.colorado.gov/vets

1. Identification of Applicant and Property

Applicant's Name (First, Middle Initial and Last)

Social Security Number

Property Address (Number and Street Name)

Schedule or Parcel Number (if known)

City or Town

State

Zip Code

County

CO

Mailing Address (if different from property address)

Telephone Number

Check box if ownership
is held in life estate. ☐

2. Disabled Veteran Status (Both of the following statements must be true.)

2A. I received a service-connected disability that has been rated by the United States Department of Veterans Affairs as one hundred percent permanent and total. The disability resulted from a service-connected injury sustained while serving on active duty in the Armed Forces of the United States.

☐ True ☐ False

2B. I have attached the VA award letter that verifies my status as a one hundred percent permanent and total disabled veteran.

☐ Yes, my VA award letter is attached.

3. Ownership Requirement (One of the following statements must be true.)

3A. Since January 1 of this year, the above-described property has been continuously owned by me and/or my spouse. If the property has been owned by my spouse and not by me, my spouse and I have been legally married and have lived in the property as our primary residence since January 1.

☐ True ☐ False

3B. Statement 3A would be true if not for the fact that ownership has been transferred to a trust, corporate partnership, or other legal entity solely for estate planning purposes.

☐ True ☐ False

(If 3B is true, you must complete either section 6 or section 7 on the back of this form.)

4. Occupancy Requirement (One of the following statements must be true.)

4A. As of January 1 of this year, I have occupied the property described above as my primary residence, and neither I, nor my spouse, is receiving the senior citizen or the disabled veterans property tax exemption on any other property in Colorado.

☐ True ☐ False

4B. Statement 4A would be true if not for the fact that I am confined to a hospital, nursing home, or assisted living facility.

☐ True ☐ False

(If 4B is true, you must complete section 8 on the back of this form.)

5. List each additional person who occupies the property as his/her primary residence.

5A. Person who also occupies property as primary residence

Spouse
☐ Yes
☐ No

Social Security Number

5B. Person who also occupies property as primary residence

Social Security Number

5B. Person who also occupies property as primary residence

Social Security Number

6. Complete this section if property is owned by a trust or an individual as trustee.

6A. Name of Trust

6B. Maker of Trust

6C. Trustee

6D. Beneficiary

6D. Beneficiary

6D. Beneficiary

6D. Beneficiary

6E. The property was transferred to the trust solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. ☐ True ☐ False

7. Complete this section if property is owned by a corporate partnership or other legal entity.

7A. Name of Corporate Partnership or Legal Entity

7B. Name of Principal

7B. Name of Principal

7B. Name of Principal

7B. Name of Principal

7C. The property was transferred to the corporate partnership or legal entity solely for estate planning purposes. Had the property not been transferred, I and/or my spouse would be the owner(s) of record. ☐ True ☐ False

8. Complete this section if disabled veteran is confined to a nursing home, hospital, or assisted living facility. (Also complete if spouse, not veteran, is owner and is confined to nursing home or similar facility.)

8A. Name of Confined Individual

8B. Location of Facility

8B. Dates Confined

8C. Since confinement, the property was occupied by either: a) the spouse of the person confined, b) a financial dependent, or c) the property remained unoccupied. ☐ True ☐ False

9. Affidavit and Signature

I declare, under penalty of perjury in the second degree (§ 18-8-503, C.R.S.) that the information provided on this form and on any attachments is correct.

Signature: _____ Date: _____

Signer is: ☐ Applicant ☐ Spouse ☐ Guardian* ☐ Conservator* ☐ Attorney-in-fact*

* Authorization in the form of a court order or power of attorney is required.

Other Contact: _____ Telephone Number: _____
(relative or other contact)

The County Assessor must be informed of any change in ownership or occupancy of the property within 60 days of such occurrence.

Mail, FAX, or deliver this form to the Colorado Division of Veterans Affairs no later than **July 1**.

We recommend you **obtain a receipt** when delivering the form in person or by FAX, or mail the form by **certified mail**.

You may contact the County Assessor after **September 1** to confirm the exemption has been applied to your property.

APPLICATION INSTRUCTIONS

1. **IDENTIFICATION:** Identify the disabled veteran and the property in this section.
 - o The applicant's Social Security number is required. For an explanation, please review 5 below.
 - o Life estate – It is permissible for ownership to be held in a life estate. If ownership is held in a life estate, checking the life estate box will assist the assessor's office in processing your application.
2. **DISABLED VETERAN STATUS:** To qualify, both questions must be true, and you must attach a copy of your VA award letter verifying that you have been given a permanent and total disability rating by the VA.
3. **OWNERSHIP REQUIREMENT:** To qualify, either statement 3A or 3B must be true. If 3B is true, you must complete either section 6 or 7 on the back of the form. The ownership requirement is discussed under ELIGIBILITY REQUIREMENTS in the Overview.
 - o Two individuals who are legally married, but who own more than one residential property, shall be deemed to occupy the same primary residence and may claim no more than one exemption. If you and/or your spouse qualify for both the disabled veterans exemption and the senior citizen property tax exemption, you may apply for and claim only one of the exemptions.
4. **OCCUPANCY REQUIREMENT:** To qualify, either statement 4A or 4B must be true. If 4B is true, you must complete section 8 on the back of the application form. (The occupancy requirement is discussed under ELIGIBILITY REQUIREMENTS in the Overview.)
5. **NAME AND SOCIAL SECURITY NUMBER OF EACH ADDITIONAL OCCUPANT:** Pursuant to § 39-3-205(2)(a)(III), C.R.S., the name and Social Security number of each individual who occupies the property must be listed on the application form. The information is needed to ensure that no one receives the exemption on more than one property. The statute requires that the information be kept confidential.
 - 5A – The Spouse's Name:**
 - o If your spouse occupies the property with you, provide his/her name and Social Security number, and check the box marked "Yes."
 - o If you do not have a spouse living with you, list the name and Social Security number of all other occupants, and check the box marked "No."
 - 5B – Other Individuals:**
 - o List all other individuals, including children, who occupy the property as their primary residence.
 - o If more than three people occupy the property, attach an additional sheet listing the names and Social Security numbers for each.
6. **PROPERTY OWNED BY A TRUST:** If question 3B is true, you must complete either this section or section 7.
 - 6A** – Provide the name of the trust.
 - 6B** – Provide the name of the maker of the trust.
The maker is the person who created the trust.
 - 6C** – Provide the name of the trustee.
 - 6D** – Provide the name of each beneficiary of the trust.
Attach an additional sheet if necessary.
 - 6E** – To qualify for the exemption, the statement must be true.
7. **PROPERTY OWNED BY A CORPORATE PARTNERSHIP OR OTHER LEGAL ENTITY:** If question 3B is true, you must complete either this section or section 6.
 - 7A** – Provide the name of the corporate partnership or legal entity.
 - 7B** – Provide the name of each principal of the corporate partnership or legal entity. Attach an additional sheet if necessary.
 - 7C** – To qualify for the exemption, the statement must be true.
8. **CONFINEMENT TO A HEALTH CARE FACILITY:** Complete this section only if question 4B is true.
 - 8A** – Provide the name of the qualified disabled veteran.
 - 8B** – State the location and dates of confinement.
 - 8C** – To qualify for the exemption, the statement must be true.

NOTE:
If ownership is held in your **spouse's name**, and your spouse is confined to a health care facility, complete section 8 for your spouse.
9. **AFFIDAVIT AND SIGNATURE:** You must sign and date the form. If the form is signed on behalf of the applicant by a guardian, conservator, or attorney-in-fact, that person must provide documentation of his/her authority in the form of a court order or power of attorney. If there is a contact person other than the applicant, please provide the name and telephone number of the contact person.

Submit your application no later than July 1, to the Colorado Department of Military and Veterans Affairs, Division of Veterans Affairs at the address listed below. If you have questions about your status as a "qualifying disabled veteran," please contact the Division of Veterans Affairs. If you have any other questions about this program, please contact the Colorado Division of Property Taxation at 303-864-7777.

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